

Name  
in  
Full

Wm H. Ashton.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

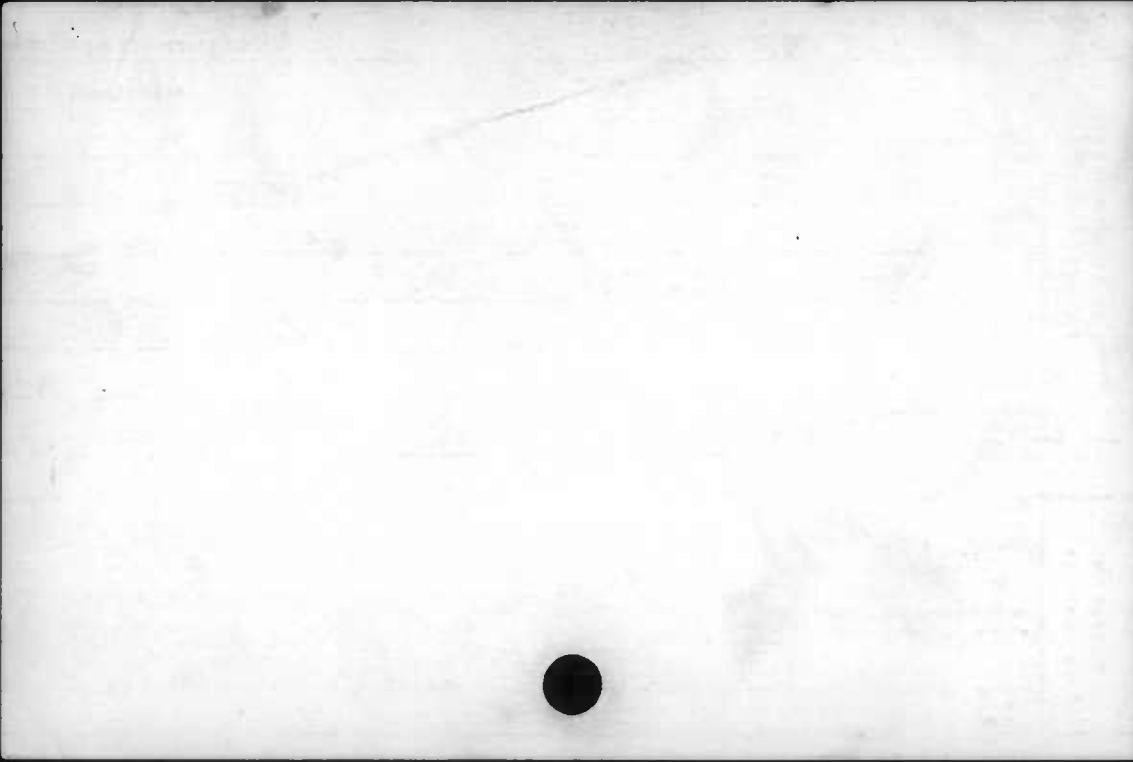
|   |  |  |  |                               |  |
|---|--|--|--|-------------------------------|--|
| Died at <i>Easton</i> <sup>Town</sup>   |  | <i>Talbot</i> <sup>County</sup>                  |  | MARYLAND                      |  |
| Date of death <i>1909</i> <sup>Month</sup> <i>Jan</i> <sup>Day</sup> <i>15</i> " <sup>Years</sup> <i>60</i> |  | Age <i>60</i>                                    |  | Months <i>0</i> Days <i>0</i> |  |
| Sex <i>male</i>   |  | Color or Race <i>white</i>                       |  | Birth-place <i>Phila.</i>     |  |
| Occupation <i>mining</i>  |  | Where Residing if not at place of death <i>—</i> |  |                               |  |
| Married, Single or Widowed <i>married</i>   |  | Name of Wife or Husband <i>Sarah C. Ashton</i>   |  |                               |  |
| Father's Name <i>Peter Ashton</i>   |  | Father's Birthplace <i>Paris, France</i>         |  |                               |  |
| Mother's Maiden Name <i>Margaret Lutz</i>   |  | Mother's Birthplace <i>Alsace, France</i>        |  |                               |  |
| Name of person giving Information <i>Robert B. Elliott</i>  |  | How related to deceased <i>Son-in-law.</i>       |  |                               |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Dilatation of the heart.</i>                              | How long <i>Five years</i>                  |
| Immediate <i>Emphysema</i>   | How long <i>—</i>                           |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. A. Stevens</i> |
| <i>Yes</i>   | Address <i>Easton Md</i>                    |
| Accident or Suicide <i>No</i>  |   |



Name  
in  
Full

*Maria Augusta*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Died at <i>Easton</i> <small>Town</small>   |  | <i>Talbot</i> <small>County</small>                 |  | MARYLAND  |  |
| Date of death 190 <i>9</i> <small>Month</small> <i>Jan</i> <small>Day</small> <i>26</i> |  | Age <i>48</i> <small>Years</small>                  |  | <i>—</i> <small>Months</small> <i>—</i> <small>Days</small> |  |
| Sex <i>Female</i>   |  | Color or Race <i>Colored</i>                        |  | Birth-place <i>Talbot Co</i>                                |  |
| Occupation <i>Housekeeper</i>   |  | Where Residing if not at place of death             |  |   |  |
| Married, Single or Widowed <i>Married</i>   |  | Name of Wife or Husband <i>Jacob Augusta Gibson</i> |  |   |  |
| Father's Name   |  | <i>Gibson</i>                                       |  | Father's Birthplace <i>Talbot Co</i>                        |  |
| Mother's Maiden Name <i>Anna M Gibson</i>   |  | Mother's Birthplace <i>" "</i>                      |  |   |  |
| Name of person giving Information <i>Jacob Augusta</i>                                  |  | How related to deceased <i>Husband</i>              |  | <i>79</i>   |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Mitral stenosis</i>  | How long <i>2 years</i>                           |
| Immediate <i>Rupture of mitral valve</i>  | How long  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Robt H. [illegible]</i> |
|   | Address <i>Easton Ind.</i>                        |
| Accident or Suicide <i>No.</i>  |   |

Dr Davidson -

Every Saturday - Hammond, Ind.

Bethel Church - 20th.

"at Rest"

Name  
in  
Full

Martha L. Bailey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at St Michaels Talbot County MARYLAND

Date of death 1909 Jan 23 Age 25 Months — Days —

Sex Female Color or Race Black Birth-place Talbot Co.

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband John J. Bailey

Father's Name James Kirby Father's Birthplace Talbot Co

Mother's Maiden Name Rebecca T. Brown Mother's Birthplace Balto. Md

Name of person giving Information John J. Bailey How related to deceased husband

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

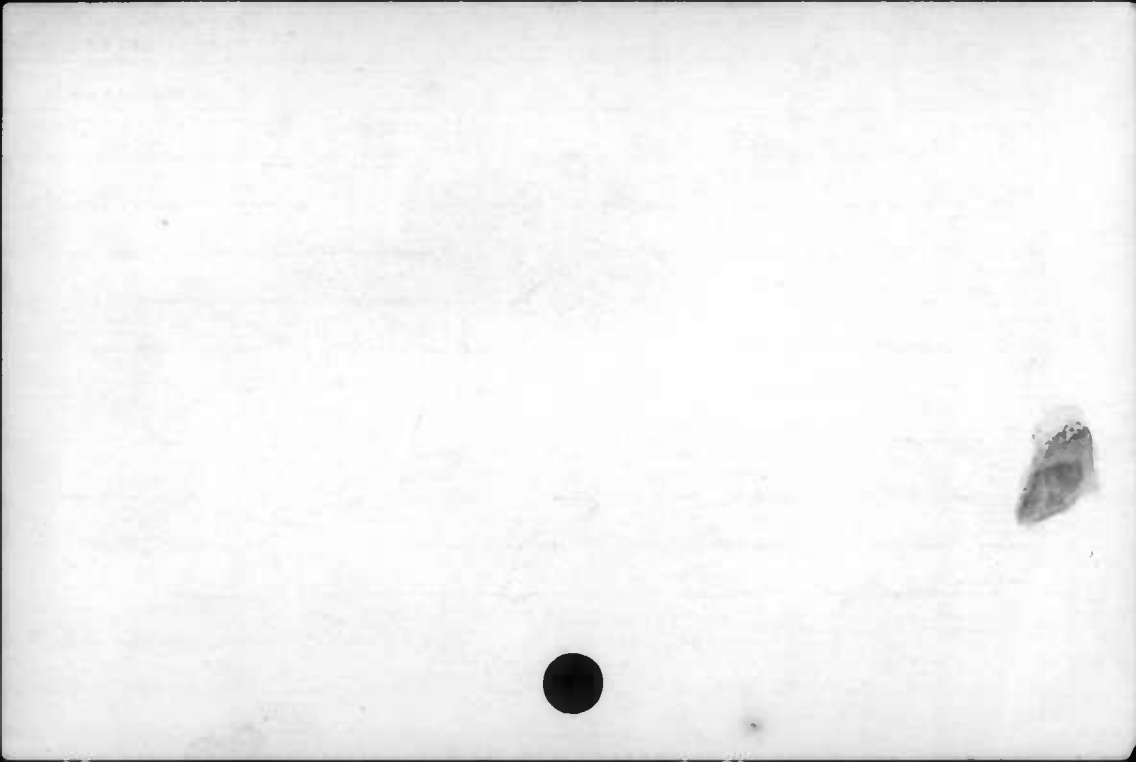
Primary Acute Nephritis How long About a week

Immediate Cardiac failure How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. Stoper MD

No Address St. Michaels Md

Accident or Suicide No



Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Oxford* TownCounty *Talbot*Date of death *1909*Month *1*Day *29*

Age

Years *77*Months *7*Days *29*Sex *male*Color or  
Race*White*Birth-  
place*Northumberland Pa*

Occupation

*carpenter*Where Residing if not  
at place of death*Oxford*Married, Single  
or Widowed*married*Name of Wife or  
Husband*Caroline A. Patter*Father's  
Name*Jno W. Leroswell*Father's  
Birthplace*Northumberland Pa*Mother's  
Maiden Name*Percilla Ward*Mother's  
Birthplace*Talbot*Name of person giving  
In formation*William Leroswell*How related  
to deceased*Son*

## CAUSES OF DEATH

*64*

Primary

*Bright's*

How long

*18 months*

Immediate

*Apoplexy*

How long

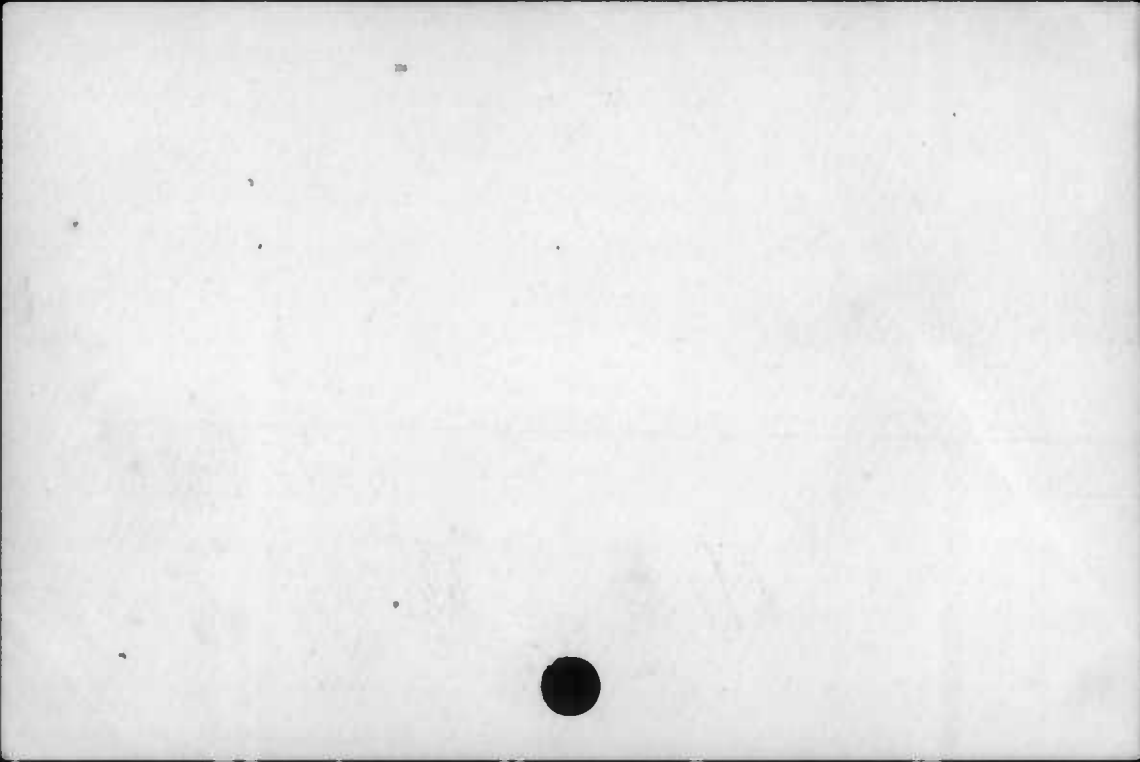
*3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*S. P. Roberts*

Address

*Oxford*

Accident or Suicide?

*—*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James S. Dumaresq*

Town *Royal Oak* County *Talbot* MARYLAND

Died at *Royal Oak*

Date of death 190 *9* Jan *18* Age *60* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Boston Mass*

Occupation *Gentleman* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *A M Dumaresq*

Father's Name *Philip Dumaresq* Father's Birthplace *Boston Mass*

Mother's Maiden Name *Margaretta DeBois* Mother's Birthplace *" "*

Name of person giving Information *A M Dumaresq* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular trouble of heart* How long *2 or 3 years*

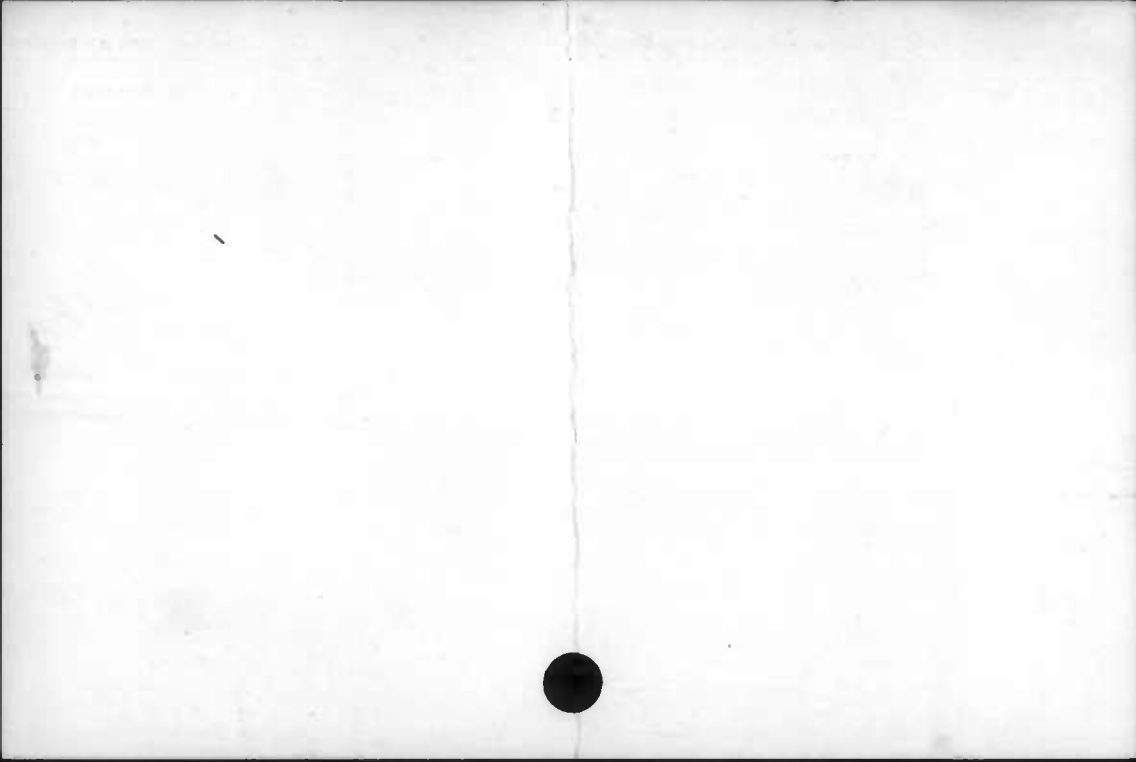
Immediate *Heart failure, caused by indigestion* How long *5 or 6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Samuel C. Fripp*

Address *Royal Oak, Md*

Accident or Suicide *—*



Name  
in  
Full

Albert Foxwell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                     |   |                                    |                    |        |
|---------------------------------------|---------------------|---|------------------------------------|--------------------|--------|
| Died at <i>Oxford</i> <sup>Town</sup> |                     | <i>Talbot</i> <sup>County</sup>                 |                                    | MARYLAND           |        |
| Date of death                         | 1909                | Month   | Jan                                | Day                | 3      |
| Age                                   | 3                   | Years   | 13                                 | Months             | 1      |
| Sex                                   | male                | Race  | white                              | Birth-place        | Oxford |
| Occupation                            | Child               | Where Residing if not at place of death<br>L.V. |                                    |                    |        |
| Married, Single or Widowed            | Single              | Name of Wife or Husband                         | <i>George Edith Waller Foxwell</i> |                    |        |
| Father's Name                         | <i>Esge Foxwell</i> |   | Father's Birthplace                | <i>Samuel - Co</i> |        |
| Mother's Maiden Name                  | <i>Esge Foxwell</i> |   | Mother's Birthplace                | <i>Samuel - Co</i> |        |
| Name of person giving information     | <i>Esge Foxwell</i> |   | How related to deceased            | <i>Grandfather</i> |        |

9

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

|  |                             |  |               |
|--|-----------------------------|--|---------------|
| Primary  | <i>Perforated Membranes</i> | How long                                     | <i>8 days</i> |
| Immediate  | <i>Membranes Oranp</i>      | How long                                     | <i>8 days</i> |
| Are the name, age, sex, color, date and place correctly given above? |                             | Signature of Physician<br><i>Ed. Roberts</i> |               |
|  |                             | Address<br><i>Oxford Md</i>                  |               |
| Accident or Suicide?   |                             |  |               |



Name  
in  
Full

William H. Gardner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                      |                              |          |                |
|---|--|----------------------|------------------------------|----------|----------------|
| Died at <b>Oxford</b> Town                              |  | <b>Talbot</b> County |                              | MARYLAND |                |
| Date of death <b>1909</b>                               | Month <b>Jan</b>   | Day <b>31</b>        | Age <b>69</b>                | Months   | Days <b>27</b> |
| Sex <b>male</b>   | Color or Race <b>white</b>                               |                      | Birth-place <b>Talbot Co</b> |          |                |
| Occupation <b>beaut</b>                                 | Where Residing if not at place of death <b>Oxford Md</b> |                      |                              |          |                |
| Married, Single or Widowed <b>Widower</b>               | Name of Wife or Husband <b>Caroline Gardner</b>          |                      |                              |          |                |
| Father's Name <b>Richard Gardner</b>                    | Father's Birthplace <b>Talbot Co.</b>                    |                      |                              |          |                |
| Mother's Maiden Name <b>Caroline Gardner</b>            | Mother's Birthplace <b>Talbot</b>                        |                      |                              |          |                |
| Name of person giving information <b>Jack L Gardner</b> | How related to deceased <b>Son</b>                       |                      |                              |          |                |

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <b>Cancer of Throat</b>   | How long <b>9 months</b>                    |
| Immediate <b>Cancer</b>   | How long <b>6 weeks.</b>                    |
| Are the name, age, sex, color, date and place correctly given above? <b>yes</b> | Signature of Physician <b>S. P. Roberts</b> |
|   | Address <b>Oxford</b>                       |
|   | <b>Maryland</b>                             |
| Accident or Suicide? <b>—</b>   |   |

Mr. Clara V. Roe

267 W. B.

Box Green

1898, 1<sup>st</sup> Baby

Name  
in  
Full

Celfred Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

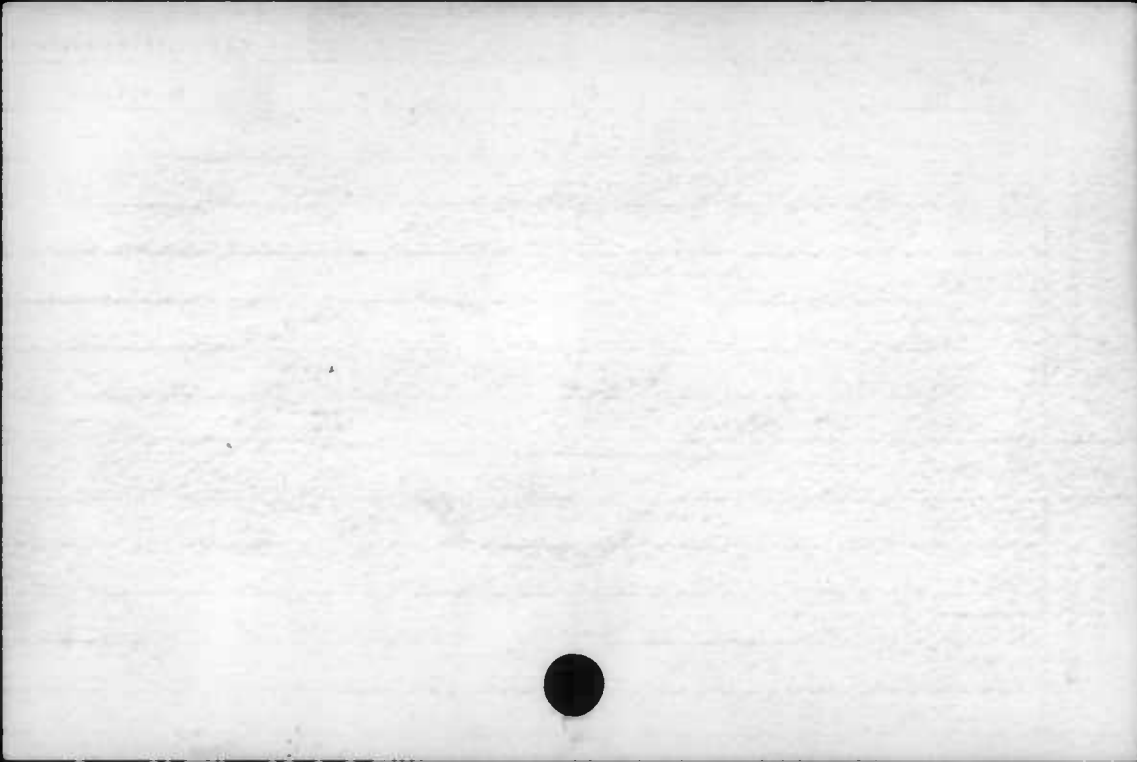
|  |   |  |                                    |                               |                             |
|--|---|--|------------------------------------|-------------------------------|-----------------------------|
| Died at <u>St Michaels</u> <small>Town</small>           |   | <u>Talbot</u> <small>County</small>          |                                    | MARYLAND                      |                             |
| Date of death 1904 <u>9</u> <small>Month</small>         | <u>Jan</u> <small>Day</small>                                 | <u>26</u> <small>Day</small>                 | Age <u>54</u> <small>Years</small> | <u></u> <small>Months</small> | <u></u> <small>Days</small> |
| Sex <u>Male</u>  | Color of Race <u>Colored</u>                                  | Birth-place <u>Maryland</u>                  |                                    |                               |                             |
| Occupation <u>Driver</u>                                 | Where Residing if not at place of death <u>St Michaels Md</u> |  |                                    |                               |                             |
| Married, Single or Widowed <u>Widower</u>                | Name of Wife or Husband <u>Elizabeth Gates</u>                |  |                                    |                               |                             |
| Father's Name <u>Isaac Gates</u>                         | Father's Birthplace <u>Talbot Co</u>                          |  |                                    |                               |                             |
| Mother's Maiden Name <u>Betty (Gen)</u>                  | Mother's Birthplace <u>Talbot</u>                             |  |                                    |                               |                             |
| Name of person giving Information <u>Henrietta Gates</u> |   | How related to deceased <u>Sister in law</u> |                                    |                               |                             |

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Pulmonary Tuberculosis</u>   | How long <u>10</u> <small>years</small>   |
| Immediate <u>heart failure</u>  | How long <u></u>                          |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>J. C. Davis</u> |
|   | Address <u>St Michaels Md</u>             |
| Accident or Suicide <u></u>   |   |





Name  
in  
Full

Hornell Gray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Earl Town Talbot County MARYLAND

Date of death 1909 Jan Month 31 Day Age 74 Years Months Days

Sex Female Color or Race Black Birth-place Talbot Co

Occupation cook Where Residing if not at place of death x

Married, Single or Widowed widow Name of Wife or Husband Joseph Gray

Father's Name Mary Blake Father's Birthplace do not know

Mother's Maiden Name Mary Jane Johns Mother's Birthplace do not know

Name of person giving Information Louise Stafford How related to deceased daughter

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Old age How long 1 year

Immediate Heart exhaustion How long 30 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Robert Hays

Address Easton Ind.

Accident or Suicide no.

died at 223 Talbot Lane  
Easton Ind. Jan. 31<sup>st</sup> 1919

Female Child Birth  
Place Talbot Co.

Sunday farm,

Widow - Name of father

Mrs. Blake, House

1000 1/2 W. 10th St.

Wichita, Kan. 1/2

one of the Name of

Wichita, Kan. 1/2

Wichita, Kan. 1/2

daughter Louise

Staple

XO

Name  
in  
Full

Sarah Hayman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

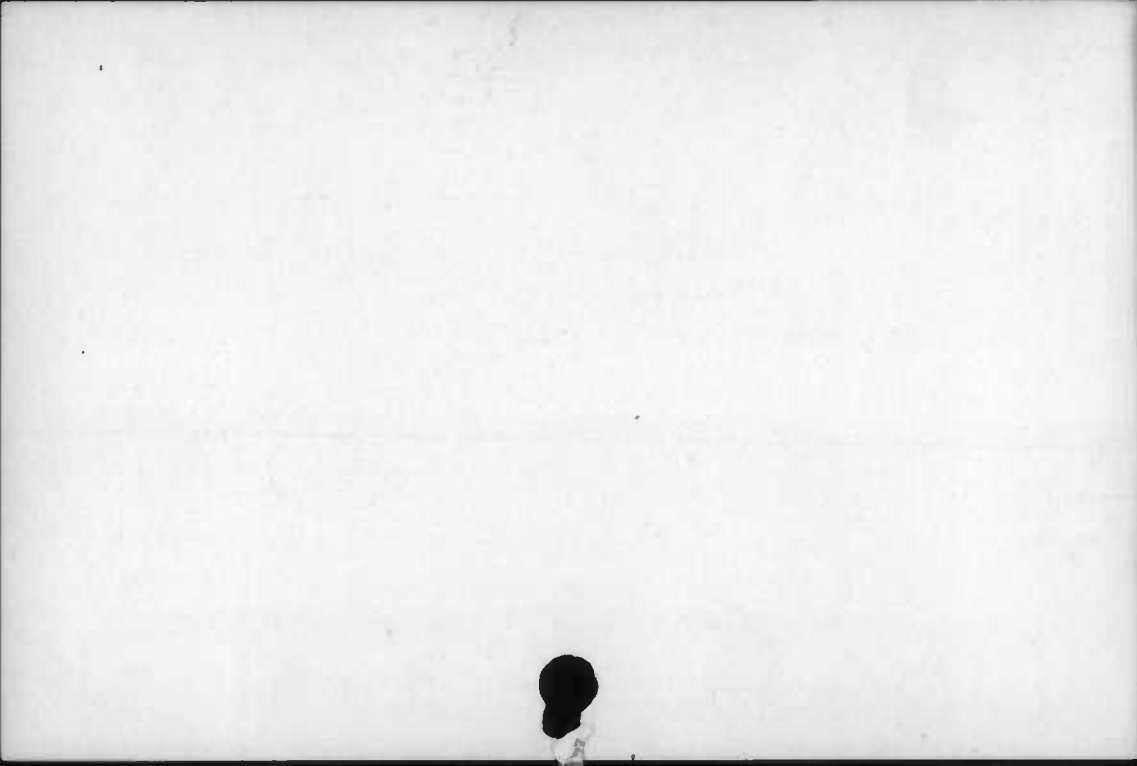
|                                   |  |   |     |                |       |          |      |
|-----------------------------------|--|---|-----|----------------|-------|----------|------|
| Died at                           |  | Town                                    |     | County         |       | MARYLAND |      |
| Oxford                            |  |   |     | Talbot         |       |          |      |
| Date of death                     |  | Month                                   | Day | Age            | Years | Months   | Days |
| 1909                              |  | Jan                                     | 27  |                | 62    | 0        | 0    |
| Sex                               |  | Color or Race                           |     | Birth-place    |       |          |      |
| Female                            |  | Colored                                 |     | Caroline Co Md |       |          |      |
| Occupation                        |  | Where Residing if not at place of death |     |                |       |          |      |
| Homework                          |  | Oxford Md                               |     |                |       |          |      |
| Married, Single or Widowed        |  | Name of Wife or Husband                 |     |                |       |          |      |
|                                   |  | Samuel Hayman                           |     |                |       |          |      |
| Father's Name                     |  | Father's Birthplace                     |     |                |       |          |      |
| Dont know                         |  | Dont know                               |     |                |       |          |      |
| Mother's Maiden Name              |  | Mother's Birthplace                     |     |                |       |          |      |
| Dont know                         |  | Dont know                               |     |                |       |          |      |
| Name of person giving information |  | How related to deceased                 |     |                |       |          |      |
| Isaiah Brooks                     |  | Son-in-law                              |     |                |       |          |      |

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

|  |                     |                        |                    |
|--|---------------------|------------------------|--------------------|
| Primary  | Paralysis           | How long               | 2 Days             |
| Immediate  | Physical Exhaustion | How long               | 12 Hours.          |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician | G. M. Eccles. M.D. |
| Yes  |                     | Address                | Oxford. Md.        |
| Accident or Suicide?   |                     |                        |                    |



Name  
in  
Full

Nancy Hill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |               |  |                         |            |           |
|-----------------------------------|----------------|---------------|--|-------------------------|------------|-----------|
| Died at                           |                | own           | County                                 |                         | MARYLAND   |           |
| Date of death                     |                | Month         | Day                                    | Age                     | Months     | Days      |
| 1909                              |                | Jan           | 30                                     | 65                      | X          | X         |
| Sex                               | Female         | Color or Race | Black                                  |                         | Birthplace | Talbot Co |
| Occupation                        | book           |               | Where Reiding if not at place of death |                         | A          |           |
| Married, Single or Widowed        | widow          |               | Name of Wife or Husband                |                         | Unknown    |           |
| Father's Name                     | Richard Sewell |               |  | Father's Birthplace     | Talbot Co  |           |
| Mother's Maiden Name              | Mary Emmolds   |               |  | Mother's Birthplace     | Talbot Co  |           |
| Name of person giving Information | Rachel Sampson |               |  | How related to deceased | Sister     |           |

## CAUSES OF DEATH

33

PHYSICIAN  
OR CORONER

|  |                              |     |                        |                |
|--|------------------------------|-----|------------------------|----------------|
| Primary  | Tuberculosis of bones of leg |     | How long               | 2 years        |
| Immediate  | Exhaustion                   |     | How long               | 3 months       |
| Are the name, age, sex, color, date and place correctly given above? |                              | yes | Signature of Physician | Robt Hays Cook |
|  |                              |     | Address                | Easton Md.     |
| Accident or Suicide  |                              | no. |                        |                |

Hambleton

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

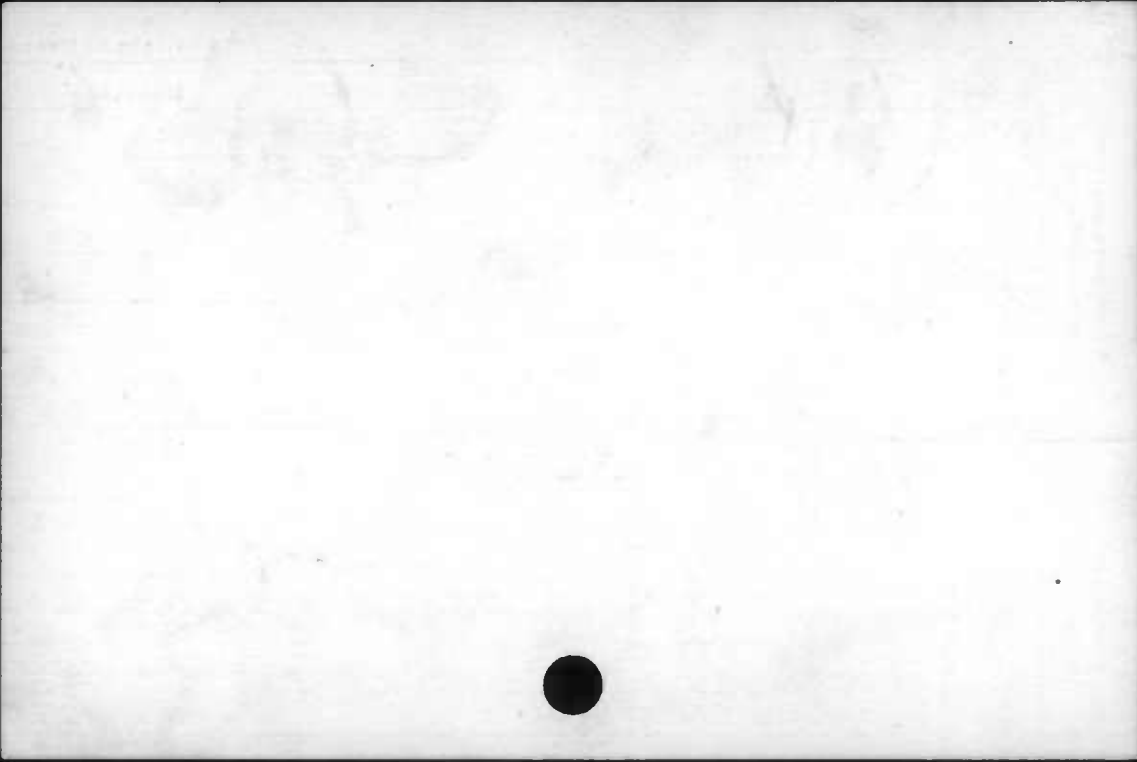
|   |                         |                                 |   |              |             |
|---|-------------------------|---------------------------------|---|--------------|-------------|
| Died at <i>Easton</i> <sup>Town</sup>               |                         | <i>Talbot</i> <sup>County</sup> |   | MARYLAND     |             |
| Date of death                                       | 1909                    | Month                           | 1                                       | Day          | 29          |
| Age   | 18                      | Years                           | 7                                       | Months       | 23          |
| Sex   | Female                  | Color or Race                   | Black                                   | Birth-place  | Easton, Md. |
| Occupation  | Housework               |                                 | Where Residing if not at place of death |              |             |
| <del>Married, Single</del><br><del>or Widowed</del> | Name of Wife or Husband |                                 |   |              |             |
| Father's Name                                       | John Johnson            |                                 | Father's Birthplace                     | Caroline Co. |             |
| Mother's Maiden Name                                | Martha Foster           |                                 | Mother's Birthplace                     | Caroline Co. |             |
| Name of person giving Information                   | Martha Foster           |                                 | How related to deceased                 | Mother       |             |

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

27

|  |                              |                        |                           |
|--|------------------------------|------------------------|---------------------------|
| Primary  | <i>Tuberculosis Pulmonae</i> | How long               | <i>1 year</i>             |
| Immediate  | <i>Cyanstoin</i>             | How long               | <i>1 hour</i>             |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>                   | Signature of Physician | <i>Robt. H. [unclear]</i> |
|  |                              | Address                | <i>Easton, Md.</i>        |
| Accident or Suicide  | <i>no</i>                    |                        |                           |





Name  
in  
Full

Villmore Jas. Jones.

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Oxford

Talbot

Date

1909

Month

Jan

Day

20

Age

Years

2

Months

5

Days

0

Sex

Male

Color or  
Race

Colored

Birth-  
place

Somerset Co. Md

Occupation

None

Where Residing if not  
at place of death

Oxford Md

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Arthur Jones.

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Mary Gottman

Mother's  
Birthplace

Somerset Co Md

Name of person giving  
Information

Geo. H Jones

How related  
to deceasedGrand-  
Father in law

## CAUSES OF DEATH

167

Primary

Burned up by fire from stove

How long

Few minutes

Immediate

dyspnoea

How long

Few minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

J. M. Eccles M.D.

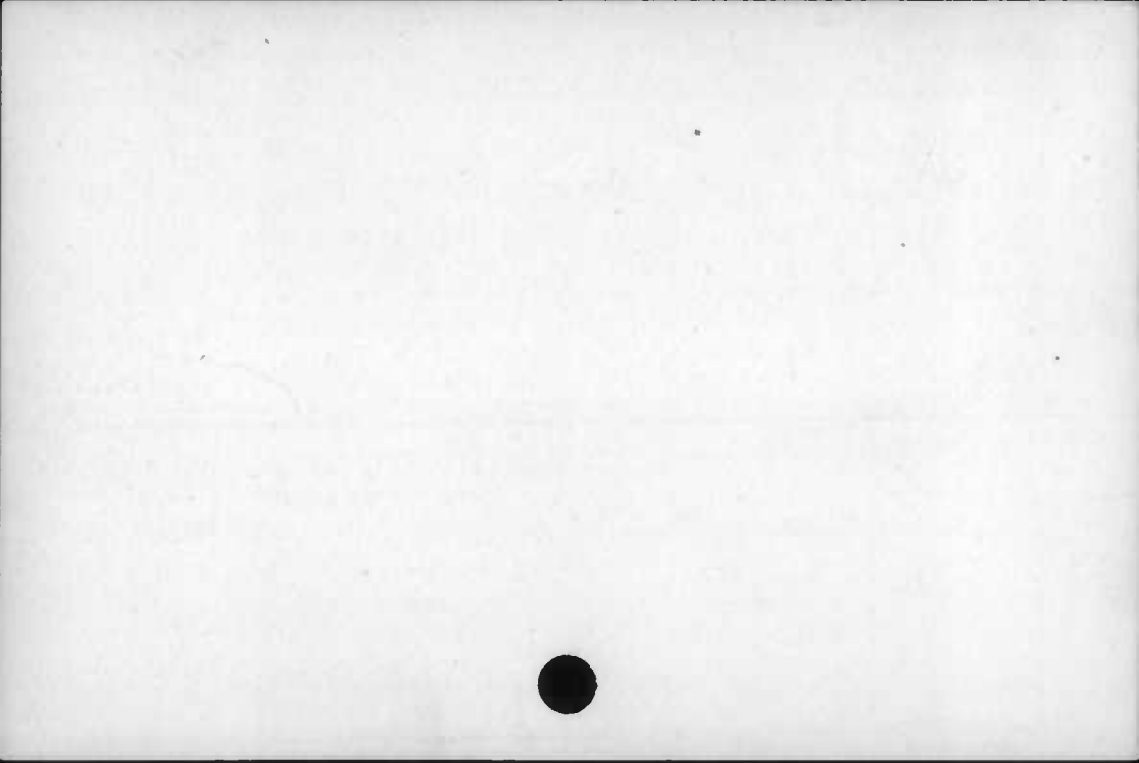
Address

Oxford - Md

Accident or Suicide?

Accident!

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Rosa Kennedy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

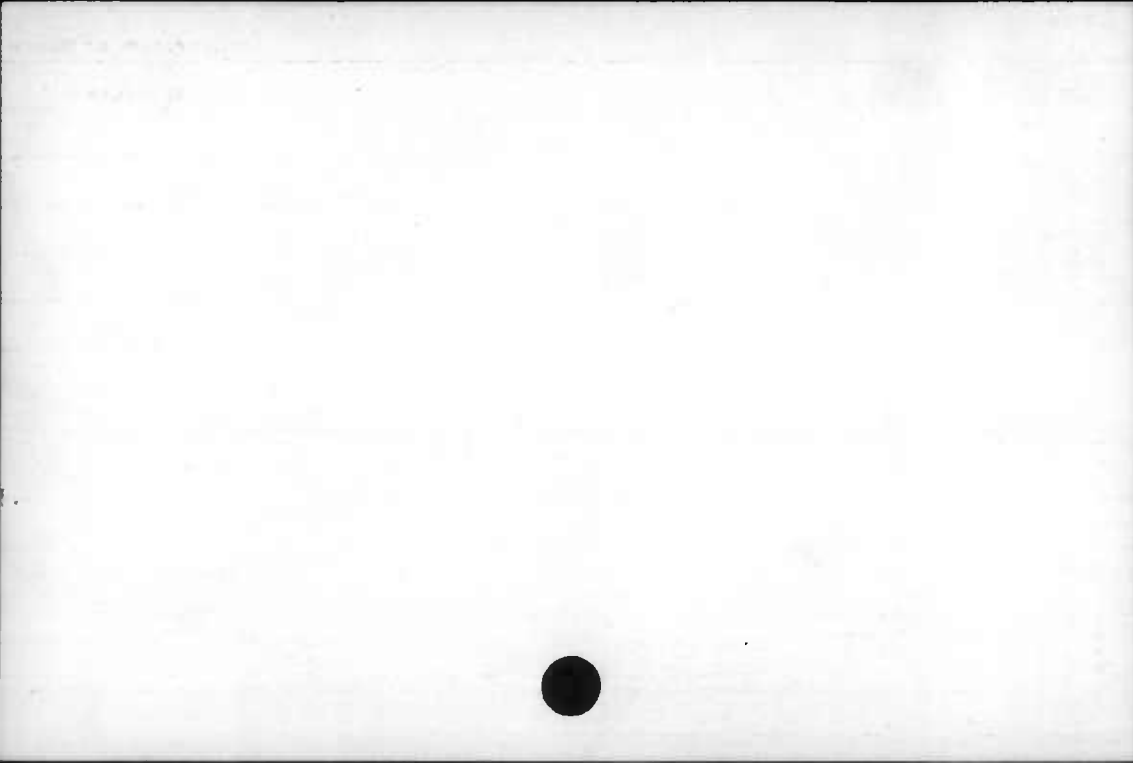
|  |                                      |   |                         |          |        |
|--|--------------------------------------|---|-------------------------|----------|--------|
| Died at <i>Easton</i> Town               |                                      | <i>Talbot</i> County                    |                         | MARYLAND |        |
| Date of death <i>1909</i>                | Month <i>Jan</i>                     | Day <i>30</i>                           | Age <i>Not Known</i>    | Years    | Months |
| Sex <i>Female</i>                        | Color or Race <i>Colored</i>         | Birth-place <i>barlinges Md</i>         |                         |          |        |
| Occupation <i>School girl</i>            |                                      | Where Residing if not at place of death |                         |          |        |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i>     |   |                         |          |        |
| Father's Name <i>Not Known</i>           | Father's Birthplace <i>Virginia</i>  |   |                         |          |        |
| Mother's Maiden Name <i>Not Known</i>    | Mother's Birthplace <i>Not known</i> |   |                         |          |        |
| Name of person giving Information        |                                      |   | How related to deceased |          |        |

## CAUSES OF DEATH

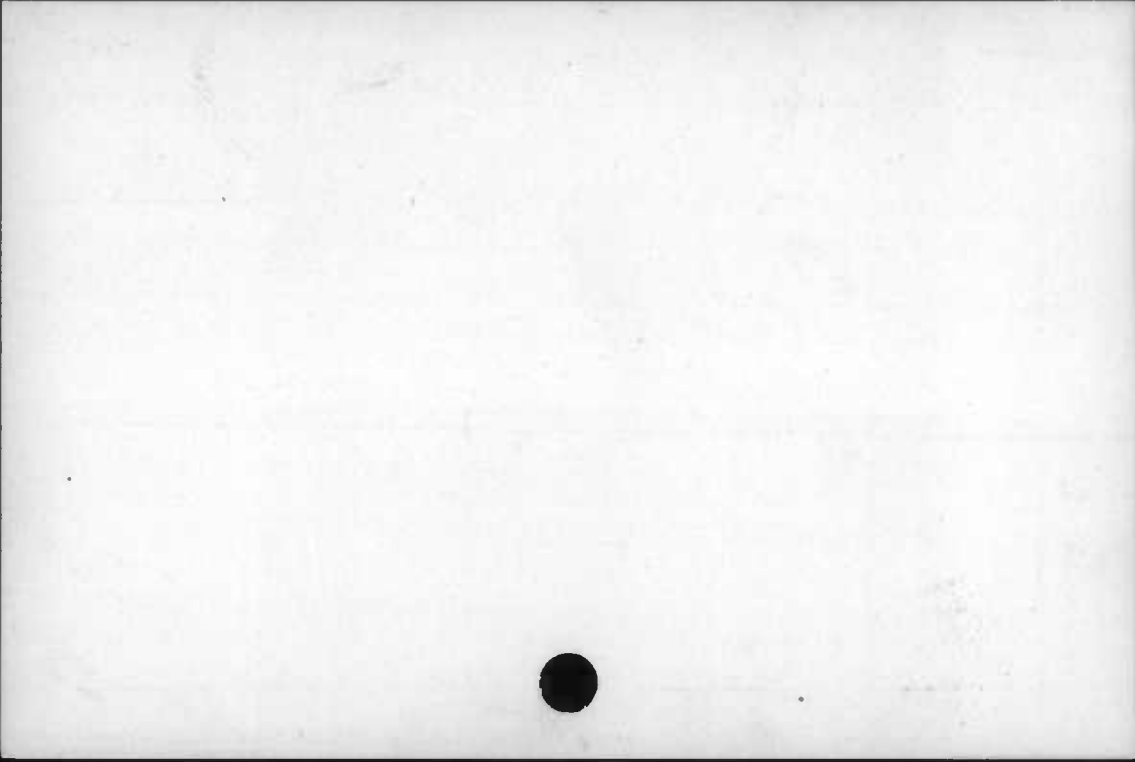
146

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>abscess in frontal sphenoidal sinuses</i>                            | How long <i>2 mos.</i>                          |
| Immediate <i>meningitis</i>   | How long <i>few days</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Chas. F. Davidson</i> |
|   | Address <i>Easton, Md.</i>                      |
| Accident or Suicide   |   |



| Name in Full                        |  | Amanda Kilson       |                |   |                         | CERTIFICATE OF DEATH |                     |                |
|-------------------------------------|--|---------------------|----------------|---|-------------------------|----------------------|---------------------|----------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Trape Town          |                | Talbot County                           |                         | MARYLAND             |                     |                |
|                                     | Date of death  | 1909                | Jan            | 15                                      | Age                     | 31                   | Months 3 Days 1     |                |
|                                     | Sex  | female              |                | Color or Race                           | colored                 |                      | Birth-place         | Talbot Co.     |
|                                     | Occupation   | Housewife           |                | Where Residing if not at place of death |                         |                      |                     |                |
|                                     | Married, Single or Widowed   | married             |                | Name of Wife or Husband                 |                         |                      |                     |                |
|                                     | James Kilson Jr.   |                     | Father's Name  |   | George Green            |                      | Father's Birthplace | Talbot Co., Md |
|                                     | Mother's Maiden Name   |                     | Emily Fields   |   | Mother's Birthplace     |                      | Talbot Co., "       |                |
| 4                                   | Name of person giving information                                    |                     | James H. Kelso |   | How related to deceased |                      | Husband             |                |
|                                     | CAUSES OF DEATH  |                     |                |   | 137                     |                      |                     |                |
| PHYSICIAN OR CORONER                | Primary  | Puerperal Infection |                |   |                         | How long             | 10 days             |                |
|                                     | Immediate  | General Peritonitis |                |   |                         | How long             | 5 days              |                |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                     | yes            |   | Signature of Physician  |                      |                     |                |
|                                     |  |                     |                |   | Address                 |                      |                     |                |
|                                     |  |                     |                |   | Trape Md                |                      |                     |                |
| Accident or Suicide?                |  | no                  |                |   |                         |                      |                     |                |



Name  
in  
Full

William H Leonard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                 |                                     |  |  |                               |                             |
|--|--|---------------------------------|-------------------------------------|--|--|-------------------------------|-----------------------------|
| Died at <i>Baylor Island</i> <small>Town</small> |  |                                 | <i>Fallot</i> <small>County</small> |  |  | MARYLAND                      |                             |
| Date of death <i>1909</i>                        |  | <i>Jan</i> <small>Month</small> | <i>12</i> <small>Day</small>        | <i>Age dont know</i> <small>Years</small>                |  | <i></i> <small>Months</small> | <i></i> <small>Days</small> |
| Sex <i>Male</i>                                  |  | Color or Race <i>Colored</i>    |                                     | Birth-place <i>Philadelphia</i>                          |  |                               |                             |
| Occupation <i>Sailor</i>                         |  |                                 |                                     | Where Residing if not at place of death <i>Baltimore</i> |  |                               |                             |
| Married, Single or Widowed <i>Single</i>         |  | Name of Wife or Husband         |                                     |  |  |                               |                             |
| Father's Name <i>dont know</i>                   |  |                                 |                                     | Father's Birthplace <i>dont know</i>                     |  |                               |                             |
| Mother's Maiden Name                             |  |                                 |                                     | Mother's Birthplace                                      |  |                               |                             |
| Name of person giving information                |  |                                 |                                     | How related to deceased                                  |  |                               |                             |

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

|  |  |  |  |
|--|--|--|--|
| Primary <i>Drowned</i>   |  | How long   |  |
| Immediate  |  | How long   |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <i>B F Shumwood</i> <i>acting Coroner</i> |  |
|  |  | Address <i>Wittman</i>   |  |
| Accident or Suicide? <i>accident</i>                                 |  | <i>Maryland</i>  |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ella Irene Longenecker

near Easton

Town

County

Talbot

MARYLAND

Date

of death

1909

Month

1

Day

9

Age

0

Years

Months

10

Days

25

Sex

Female

Color or  
Race

White

Birth-  
place

Texas

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Edgar Longenecker

Father's  
Birthplace

Carroll Co. Md

Mother's  
Maiden Name

Louise Hilburn

Mother's  
Birthplace

Texas

Name of person giving  
Information

Edgar Longenecker

How related  
to deceased

father

## CAUSES OF DEATH

92

Primary

Broncho-pneumonia

How long

Ten days

Immediate

Exhaustion

How long

two days

Are the name, age, sex, color, data  
and place correctly given above?

Yes

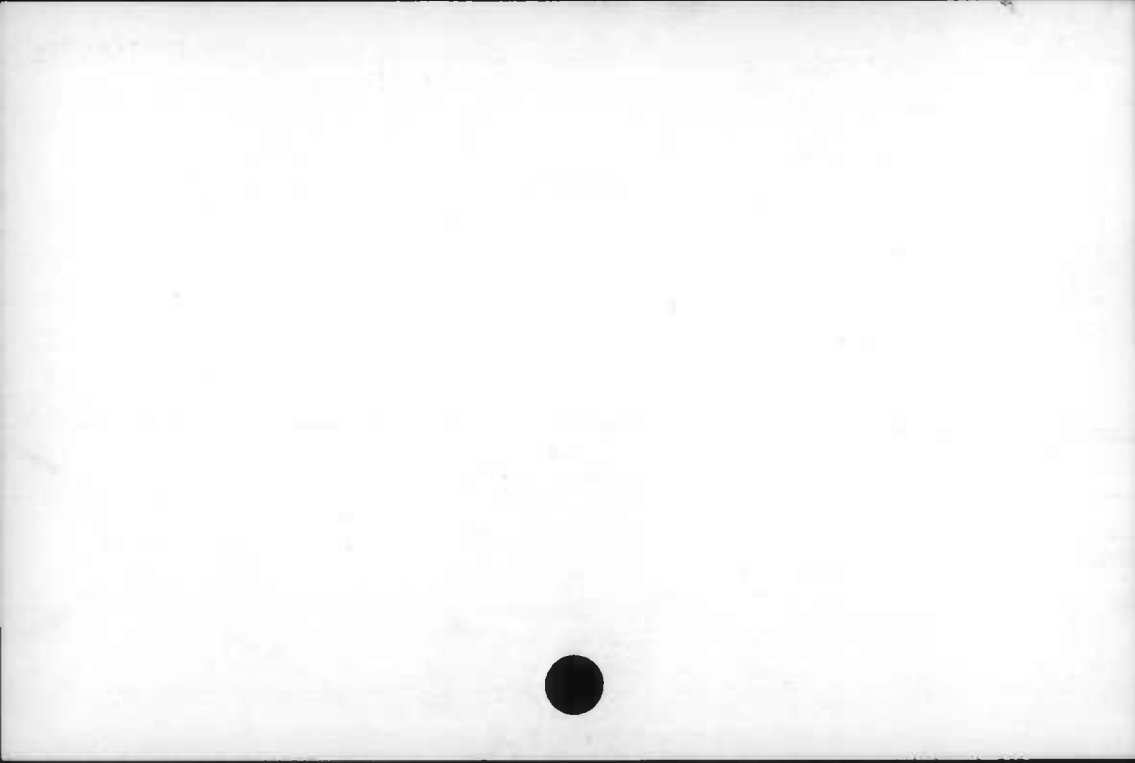
Signature of  
Physician

Address

S. D. McEllen, M.D.  
Easton, Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Charlotte Miller*  
 Died at *Easton* *Talbot* *MARYLAND*  
 Date of death 190*9* *Jan* *18* *Age* *69* *Months* *11* *Days* *✓*  
 Sex *Female* Color or Race *Col'd* Birthplace *Talbot Co*  
 Occupation *Housewife* Where Residing if not at place of death  
 Married, Single or Widowed *Widow* Name of Wife or Husband *Emanuel Miller*  
 Father's Name *Not Known* Father's Birthplace *Not Known*  
 Mother's Maiden Name *Catherine Tunny* Mother's Birthplace *Talbot Co*  
 Name of person giving Information *Sarah Miller* How related to deceased *Daughter*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Old age* How long  
 Immediate *Throat cancer* How long *2 years*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Prof. Haystack*  
 Address *Easton, Md.*  
 Accident or Suicide *no*

Dr RR Roth ,

Monday, 4th, Hammond town

Black cloth, Plate,

1909  
70  

---

1839

Name  
in  
Full

## CERTIFICATE OF DEATH

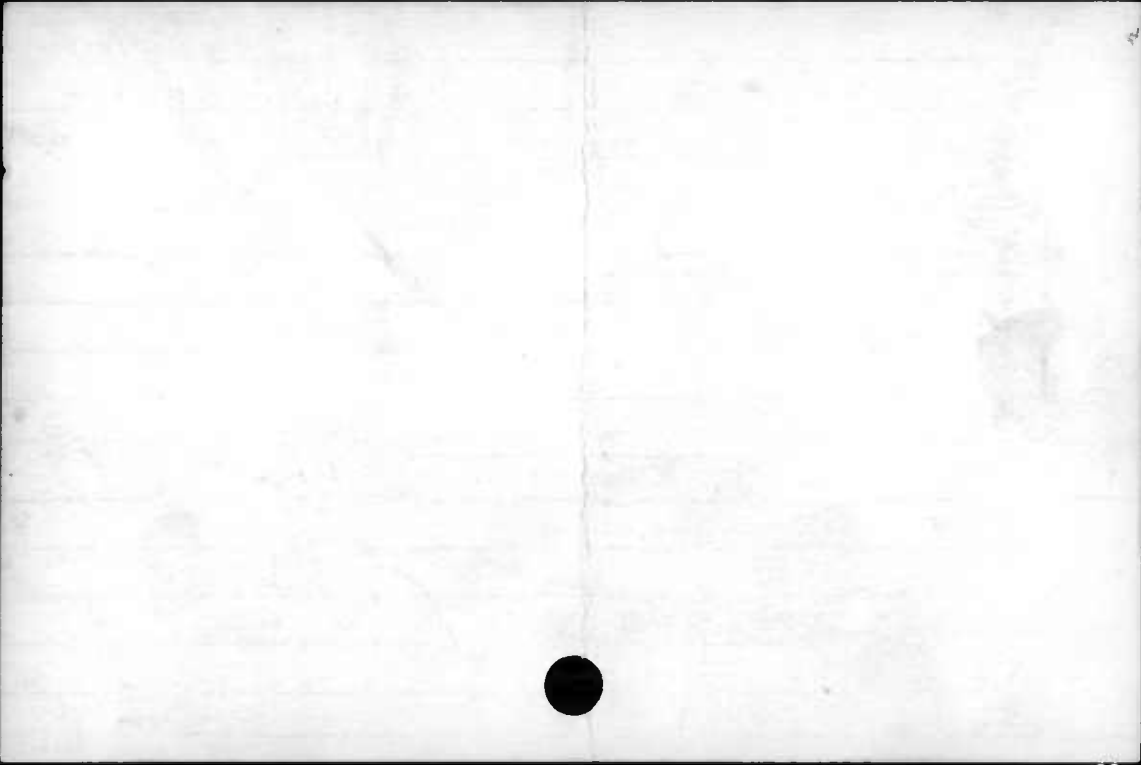
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |   |  |                                    |  |                   |  |
|---|--|---|--|------------------------------------|--|-------------------|--|
| Name in Full<br><i>Ledyia Parker</i>                    |  | Town<br><i>Easton</i>                               |  | County<br><i>Talbot Co</i>         |  | MARYLAND          |  |
| Died at   |  | Month<br><i>Jan.</i>                                |  | Day<br><i>8</i>                    |  | Years<br><i>3</i> |  |
| Date of death<br><i>1909</i>                            |  | Months<br><i>—</i>                                  |  | Days<br><i>—</i>                   |  |                   |  |
| Sex<br><i>Female</i>                                    |  | Color or Race<br><i>African</i>                     |  | Birth-place<br><i>Talbot Co Md</i> |  |                   |  |
| Occupation<br><i>—</i>                                  |  | Where Residing if not at place of death<br><i>—</i> |  |                                    |  |                   |  |
| <del>Married</del> , Single<br><del>or Widowed</del>    |  | Name of Wife or Husband<br><i>—</i>                 |  |                                    |  |                   |  |
| Father's Name<br><i>Can't find out.</i>                 |  | Father's Birthplace<br><i>Don't know</i>            |  |                                    |  |                   |  |
| Mother's Maiden Name<br><i>Hester Parker</i>            |  | Mother's Birthplace<br><i>Talbot Co Md</i>          |  |                                    |  |                   |  |
| Name of person giving Information<br><i>Jas. Parker</i> |  | How related to deceased<br><i>Uncle</i>             |  |                                    |  |                   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                               |  |
|--|-------------------------------|--|
| Primary  | <i>Pulmonary Tuberculosis</i> | How long<br><i>Don't know</i>                    |
| Immediate  | <i>Exhaustion</i>             | How long<br><i>Several days</i>                  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> |                               | Signature of Physician<br><i>S. Henry Wilson</i> |
| Address<br><i>Easton Md</i>  |                               |  |
| Accident or Suicide<br><i>No.</i>  |                               |  |



Name  
in  
Full

Fannie E Sampson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Easton

Town

Talbot

County

MARYLAND

Date

of death 1909

Month

Jan

Day

26

Year

Age

59

Months

Days

Sex

Female

Color or  
Race

Col R

Birth-  
place

Talbot Co

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Samuel Sampson

Father's  
Birthplace

Talbot Co

Mother's  
Maiden Name

Addie Tale

Mother's  
Birthplace

Somerset Co

Name of person giving  
Information

Elizabeth R Gates

How related  
to deceased

Sister

CAUSES OF DEATH

79

Primary

Arterio sclerosis

How long

1 year

Immediate

Atrial aneurysm

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Robt Ray Proctor

Address

Easton Md.

Accident or Suicide

no

PHYSICIAN  
OR CORONER

Dr R.R. Roth.

Dr Wilson .

Friday 2 pm.

Hammond Tenn

Bethel Church,

Box - 60 -



Name  
in  
Full

## CERTIFICATE OF DEATH

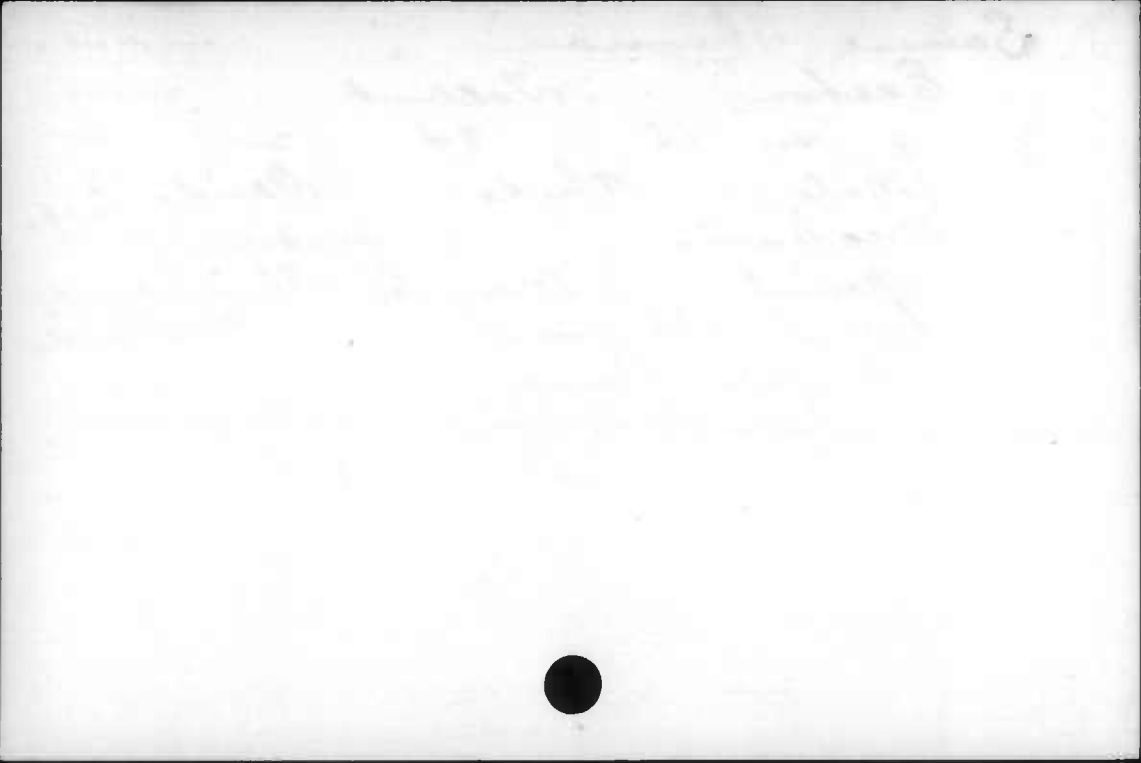
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                 |                                |                            |                          |
|---|--|---------------------------------|--------------------------------|----------------------------|--------------------------|
| Died at <i>Drytown</i> <sup>Town</sup>                |  | <i>Falbot</i> <sup>County</sup> |                                | MARYLAND                   |                          |
| Date of death 190 <i>9</i>                            | <i>Jan</i> <sup>Month</sup>                | <i>16</i> <sup>Day</sup>        | Age <i>70</i> <sup>Years</sup> | <i>—</i> <sup>Months</sup> | <i>—</i> <sup>Days</sup> |
| Sex <i>Male</i>                                       | Color or Race <i>Black</i>                 | Birth-place <i>Falbot</i>       |                                |                            |                          |
| Occupation <i>Laborer</i>                             | Where Residing if not at place of death    |                                 |                                |                            |                          |
| Married, Single or Widowed <i>Single</i>              | Name of Wife or Husband                    |                                 |                                |                            |                          |
| Father's Name <i>Dont Know</i>                        | Father's Birthplace <i>Dont Know</i>       |                                 |                                |                            |                          |
| Mother's Maiden Name <i>Dont Know</i>                 | Mother's Birthplace <i>"</i>               |                                 |                                |                            |                          |
| Name of person giving Information <i>James Bailey</i> | How related to deceased <i>Not Related</i> |                                 |                                |                            |                          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Kidney disease</i>   | How long <i>One year</i>                  |
| Immediate <i>Heart Failure</i>  | How long <i>12 hours</i>                  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>[Signature]</i> |
|   | Address <i>Century</i>                    |
| Accident or Suicide   |   |



Name  
in  
Full

Samuel Sherman

## CERTIFICATE OF DEATH

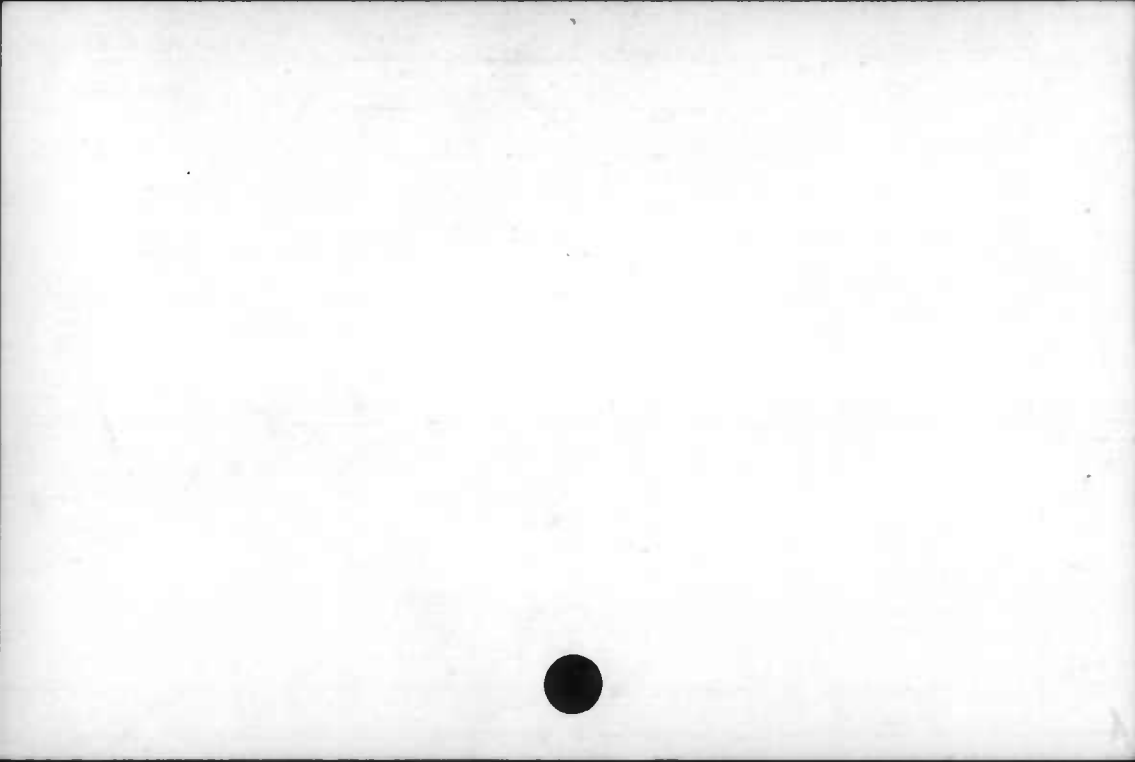
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                 |   |                                    |                                    |                              |
|--|---------------------------------|---|------------------------------------|------------------------------------|------------------------------|
| Died at <u>Easton</u> <small>Town</small>                |                                 | <u>Talbot</u> <small>County</small>                   |                                    | MARYLAND                           |                              |
| Date of death 190 <u>9</u>                               | <u>Jan</u> <small>Month</small> | <u>15</u> <small>Day</small>                          | Age <u>84</u> <small>Years</small> | <u>2</u> <small>Months</small>     | <u>—</u> <small>Days</small> |
| Sex <u>Male</u>  |                                 | Color or Race <u>White</u>                            |                                    | Birth-place <u>Orinda Co. N.Y.</u> |                              |
| Occupation <u>Mechanic</u>                               |                                 | Where Residing if not at place of death <u>Easton</u> |                                    |                                    |                              |
| Married, Single or Widowed <u>Married</u>                |                                 | Name of Wife or Husband <u>Mary E. Sherman</u>        |                                    |                                    |                              |
| Father's Name <u>David Sherman</u>                       |                                 | Father's Birthplace <u>New York</u>                   |                                    |                                    |                              |
| Mother's Maiden Name <u>Henrietta Barker</u>             |                                 | Mother's Birthplace <u>Do</u>                         |                                    |                                    |                              |
| Name of person giving Information <u>Mary E. Sherman</u> |                                 | How related to deceased <u>Wife</u>                   |                                    |                                    |                              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                  |   |
|--|----------------------------------|---|
| Primary  | <u>Rupture of Aorta in brain</u> | How long <u>One week</u>                  |
| Immediate  | <u>Paralysis of the Heart</u>    | How long <u>24 hours</u>                  |
| Are the name, age, sex, color, date and place correctly given above? |                                  | Signature of Physician <u>[Signature]</u> |
|  |                                  | Address <u>[Signature]</u>                |
| Accident or Suicide  |                                  |   |



Name  
in  
Full

Sarah Skinner

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Eston

Talbot

Date

Month

Day

Years

Months

Days

of death

1909

January

28

Age

70

Sex

Female

Color or  
Race

Colored

Birth-  
place

Talbot.

Occupation

House servant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's  
Name

Henry L. Ligon

Father's  
Birthplace

Talbot Co

Mother's  
Maiden Name

Fanny F. Ligon

Mother's  
Birthplace

Talbot Co

Name of person giving  
Information

Henry Skinner

How related  
to deceased

Son

## CAUSES OF DEATH

10

Primary

La Grippe

How long

1 month

Immediate

Bronchitis

How long

1 month

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

James B. Merritt M.D.

Address

Eston

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Ivytown

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

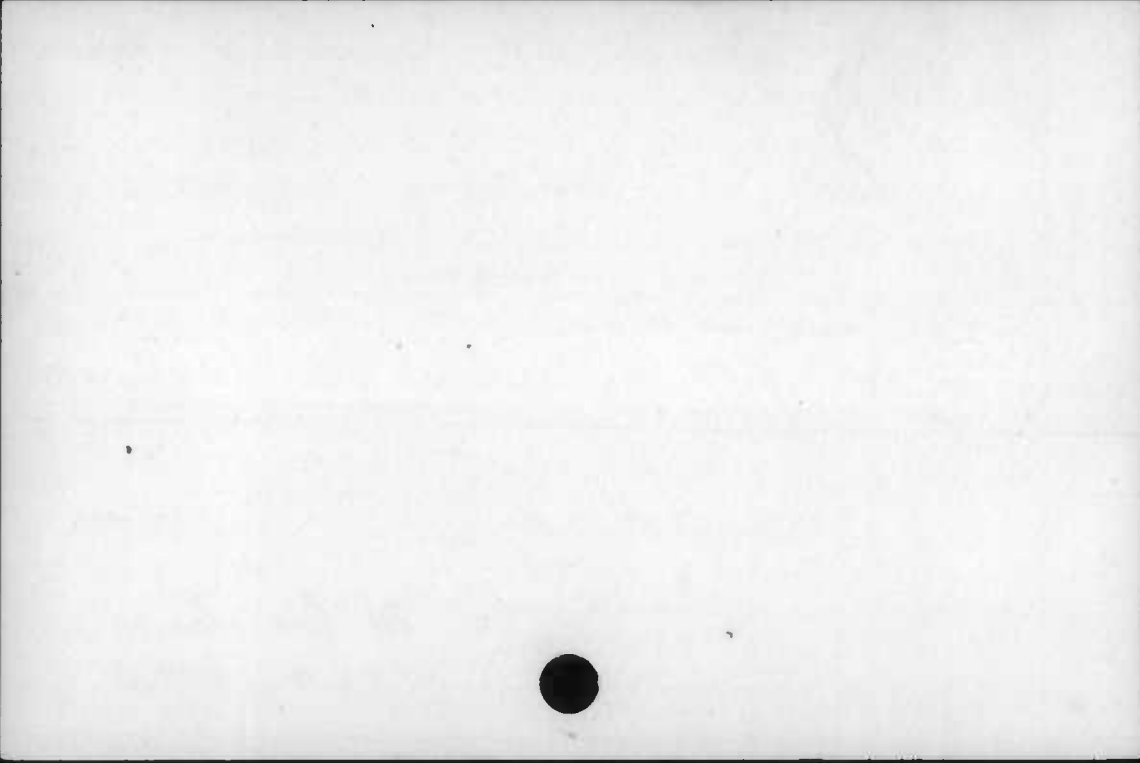
|   |                                  |                       |  |  |       |                    |                   |
|---|----------------------------------|-----------------------|--|--|-------|--------------------|-------------------|
| Died at   |                                  | Town<br><i>Offord</i> |  | County<br><i>Talbot</i>                                      |       | MARYLAND           |                   |
| Date<br>of death  | 1909                             | Month<br><i>Jan</i>   | Day<br><i>28</i>                           | Age<br><i>25</i>   | Years | Months<br><i>0</i> | Days<br><i>19</i> |
| Sex<br><i>Male</i>  | Color or<br>Race<br><i>White</i> |                       | Birth-<br>place<br><i>Salisbury Ma</i>     |  |       |                    |                   |
| Occupation<br><i>Sailor</i>                                   |                                  |                       | Where Residing if not<br>at place of death |  |       |                    |                   |
| Married, Single<br>or Widowed                                 |                                  |                       | Name of Wife or<br>Husband                 |  |       |                    |                   |
| Father's<br>Name<br><i>Samuel Sommers</i>                     |                                  |                       |  | Father's<br>Birthplace<br><i>Harmont<br/>Somerset Co. Ma</i> |       |                    |                   |
| Mother's<br>Maiden Name<br><i>Annie Moore</i>                 |                                  |                       |  | Mother's<br>Birthplace<br><i>Salisbury Ma</i>                |       |                    |                   |
| Name of person giving<br>In formation<br><i>Belle Sommers</i> |                                  |                       |  | How related<br>to deceased<br><i>Sister</i>                  |       |                    |                   |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|   |                      |                             |
|---|----------------------|-----------------------------|
| Primary   | <i>Pneumonia</i>     | How long<br><i>2 weeks</i>  |
| Immediate   | <i>Heart Failure</i> | How long<br><i>12 Hours</i> |
| Are the name, age, sex, color, date<br>and place correctly given above? |                      |                             |
| <i>Yes</i>  |                      |                             |
| Signature of<br>Physician   |                      | <i>A. M. Eccles M.D.</i>    |
| Address   |                      | <i>Offord, Ma.</i>          |
| Accident or Suicide?  |                      |                             |





Name  
in  
Full

Kenneth J. Tray.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

|  |                            |   |   |                 |               |
|--|----------------------------|---|---|-----------------|---------------|
| Died at <i>Offora.</i>                                 |                            | County <i>Talbot.</i>                         |   |                 |               |
| Date of death <i>1909</i>                              | Month <i>Jan.</i>          | Day <i>4</i>                                  | Age <i>0</i>                              | Months <i>2</i> | Days <i>1</i> |
| Sex <i>Male</i>  | Color or Race <i>White</i> |   | Birth-place <i>Talbot Co Md.</i>          |                 |               |
| Occupation <i>None</i>                                 |                            | Where Residing if not at place of death _____ |   |                 |               |
| Married, Single or <u>Widowed</u>                      |                            | Name of Wife or Husband _____                 |   |                 |               |
| Father's Name <i>Joseph H. Tray.</i>                   |                            |   | Father's Birthplace <i>Talbot Co Md</i>   |                 |               |
| Mother's Maiden Name <i>Elizabeth C. Bryan</i>         |                            |   | Mother's Birthplace <i>Caroline Co Md</i> |                 |               |
| Name of person giving information <i>Jos. H. Tray.</i> |                            |   | How related to deceased <i>Father</i>     |                 |               |

## CAUSES OF DEATH

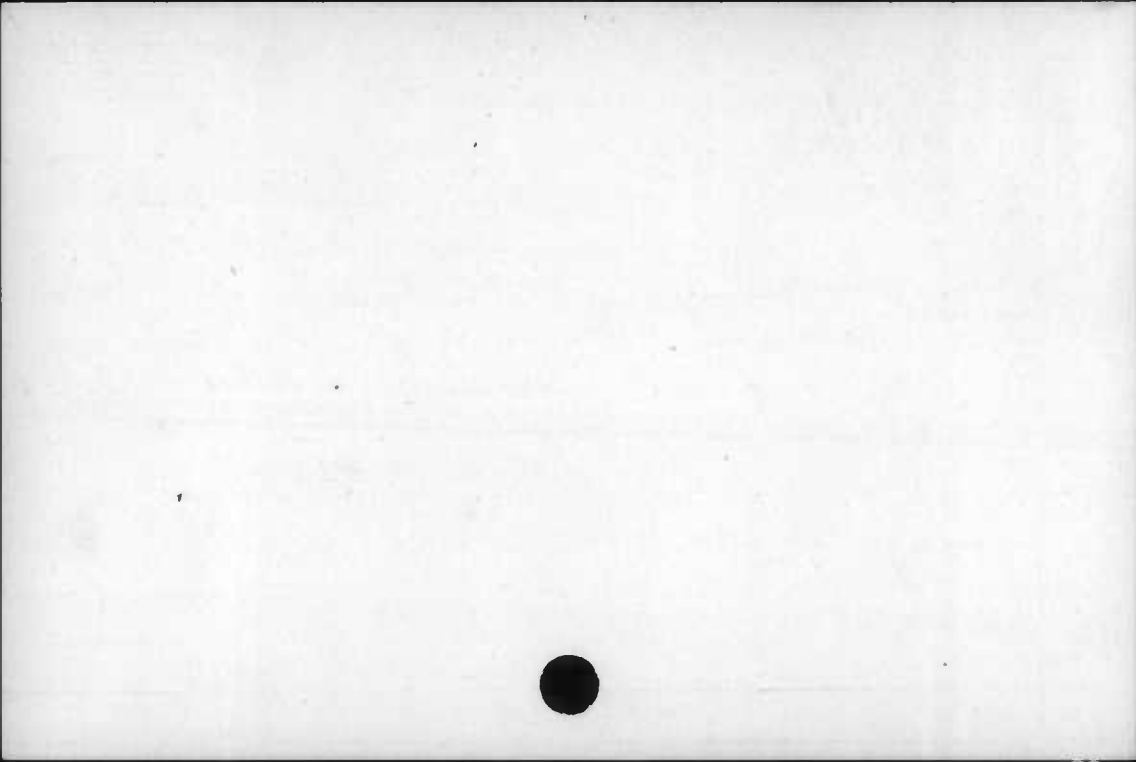
151

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Inanition</i>   | How long <i>Since Birth.</i>                    |
| Immediate <i>C. H. and T. S.</i>   | How long <i>4 weeks</i>                         |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>J. M. Eccles M.D.</i> |
|  | Address <i>Offora Md.</i>                       |
| Accident or Suicide? _____   |   |



| Name in Full                        |  | Mary Wilson      |              |   |           | CERTIFICATE OF DEATH    |                     |
|-------------------------------------|--|------------------|--------------|---|-----------|-------------------------|---------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Town<br>Wittman  |              | County<br>Tallot                        |           | MARYLAND                |                     |
|                                     | Date of death  | 1909             | Month<br>Jan | Day<br>3                                | Age<br>88 | Months<br>4             | Days<br>18          |
|                                     | Sex  | Female           |              | Color or Race                           | White     |                         | Birth-place         |
|                                     | Occupation   | Housewife        |              | Where Residing if not at place of death |           | Taine                   |                     |
|                                     | Married, Single or Widowed   | Widow            |              | Name of Wife or Husband                 |           | Henry Wilson            |                     |
|                                     | Father's Name  | Thomas Travers   |              |   |           | Father's Birthplace     | Ireland             |
|                                     | Mother's Maiden Name   | as not known     |              |   |           | Mother's Birthplace     | Ireland             |
|                                     | Name of person giving information                                    | M. E. Seeh       |              |   |           | How related to deceased | Sister              |
| 4                                   |  | CAUSES OF DEATH  |              |   |           | 42                      |                     |
| PHYSICIAN<br>OR CORONER             | Primary  | Cancer of uterus |              |   |           | How long                | as not known        |
|                                     | Immediate  | Heart-failure    |              |   |           | How long                | —                   |
|                                     | Are the name, age, sex, color, date and place correctly given above? | Yes              |              |   |           | Signature of Physician  | Dr. J. B. Seeh      |
|                                     |  | No.              |              |   |           | Address                 | St. Michaels<br>Md. |
| Accident or Suicide?                |  | No.              |              |   |           |                         |                     |



Name  
in  
Full

Rosannah W. Dithgott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

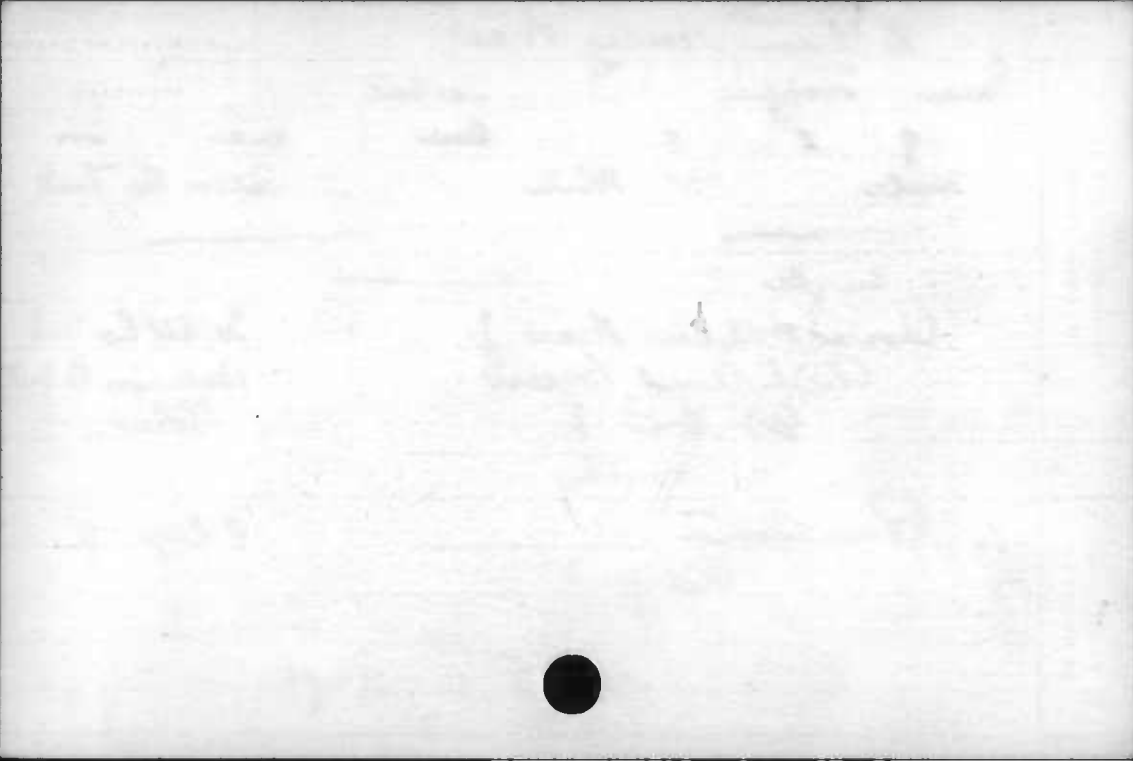
|   |  |  |  |   |  |                 |  |          |  |
|---|--|--|--|---|--|-----------------|--|----------|--|
| Died at <i>Easton</i>                                   |  | Town   |  | <i>Talbot</i>                           |  | County          |  | MARYLAND |  |
| Date of death <i>1909 Jan</i>                           |  | Month  |  | Day <i>28</i>                           |  | Age <i>77</i>   |  | Years    |  |
| Sex <i>Female</i>                                       |  | Color or Race <i>White</i>                         |  | Birthplace <i>Annapolis</i>             |  | Months <i>5</i> |  | Days     |  |
| Occupation <i>Housewife</i>                             |  |  |  | Where Residing if not at place of death |  |                 |  |          |  |
| Married, Single or Widowed <i>Widowed</i>               |  | Name of Wife or Husband <i>William W. Dithgott</i> |  |   |  |                 |  |          |  |
| Father's Name <i>Alexander Lodd</i>                     |  |  |  | Father's Birthplace <i>Ireland</i>      |  |                 |  |          |  |
| Mother's Maiden Name <i>Margaret Emerson</i>            |  |  |  | Mother's Birthplace <i>Annapolis</i>    |  |                 |  |          |  |
| Name of person giving Information <i>W. W. Dithgott</i> |  |  |  | How related to deceased <i>Son</i>      |  |                 |  |          |  |

## CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

|  |                              |   |                 |
|--|------------------------------|---|-----------------|
| Primary  | <i>Disease of Myocardium</i> | How long                                  | <i>6 mos</i>    |
| Immediate  | <i>Heart Failure</i>         | How long                                  | <i>48 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? |                              | Signature of Physician <i>[Signature]</i> |                 |
|  |                              | Address <i>Easton</i>                     |                 |
| Accident or Suicide  |                              |   |                 |



Name  
in  
Full

William Wesley Tree

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                          |       |                         |                  |
|-----------------------------------|---|--------------------------|-------|-------------------------|------------------|
| Died near <sup>Town</sup> Trappe  |   | <sup>County</sup> Talbot |       | MARYLAND                |                  |
| Date of death                     | 1909                                    | Month                    | 1     | Day                     | 3-               |
| Age                               | One                                     | Years                    | One   | Months                  | One              |
| Sex                               | Male                                    | Color or Race            | White | Birth-place             | Talbot Co. Md    |
| Occupation                        | Where Residing if not at place of death |                          |       |                         |                  |
| Married, Single or Widowed        | Single                                  | Name of Wife or Husband  |       |                         |                  |
| Father's Name                     | Charles William Tree Jr.                |                          |       | Father's Birthplace     | Talbot Co. Md    |
| Mother's Maiden Name              | Ruth Ann Green                          |                          |       | Mother's Birthplace     | Baltimore Co. Md |
| Name of person giving Information | C. H. Tree Jr.                          |                          |       | How related to deceased | Father           |

## CAUSES OF DEATH

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PHYSICIAN  
OR CORONER

|  |                                    |          |          |
|--|------------------------------------|----------|----------|
| Primary  | Pneumonia                          | How long | 9 days - |
| Immediate  | Relapse                            | How long | 2 days - |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician             |          |          |
|  | Address                            |          |          |
| Accident or Suicide  | Joseph A. Ross, M.D.<br>Trappe, Md |          |          |

